



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH**

VACANCY ANNOUNCEMENT

ANNOUNCEMENT NO: MHA-10-26	POSITION: Program Support Assistant (Typing)
POSITION SERIES: DS-303	POSITION GRADE: 08
OPENING DATE: 05/14/10	CLOSING DATE: 05/27/10
IF "OPEN UNTIL FILLED" FIRST SCREENING DATE:	SALARY RANGE: \$41,224 - \$53,045 per annum
WORKSITE: 64 New York Avenue, NE Washington, D.C. 20002	TOUR OF DUTY: 8:15am – 4:45pm Monday – Friday
PROMOTION POTENTIAL: None	AREA OF CONSIDERATION: MHA-Wide Only
AGENCY: DMH/MHA/OPP Division of Care Coordination	NO. OF VACANCIES: One (1)
DURATION OF APPOINTMENT: (X) Permanent () Term (13 months to 4 years) Not to Exceed _____. () Temporary (Up to 1 year), Not to Exceed _____ months.	
(X) This position IS in the collective bargaining unit represented by <u>AFSCME Local 2095</u> and you may be required to pay an agency service fee through an automatic payroll deduction. () This position IS NOT in a collective bargaining unit.	
RESIDENCY REQUIREMENT: A person applying for a position in the Career Service, Educational Service, Management Supervisory Service, a line attorney position in the Legal Service (Series 905), or an attorney position in the Excepted Service (Series 905) who is a bona fide District resident, AT THE TIME OF APPLICATION for the position, may be awarded a 10-point residency preference over non-District applicants, unless the person declines the preference points. If selected, the person shall be required to present no less than 8 proofs of bona fide District residency and maintain such residency for 7 consecutive years from the effective date of the appointment. Failure to maintain bona fide District residency for the 7-year period will result in forfeiture of employment.	
BRIEF DESCRIPTION OF DUTIES: The incumbent of this position serves as Program Support Assistant in the Division of Care coordination, Office of Policy and Programs, Department of Mental Health. The incumbent of this position performs a variety of clerical, administrative, and specialized technical duties in support of the Division of Care Coordination. Compiles and types in final form the various statistical and narrative reports submitted by clinical and or administrative staff. Types correspondence and submits appropriate forms including training request and human resources actions. Interacts with Access, Service Authorization, and Warmline staff to ensure that clerical objectives are met regarding continuity of care as needed. Reviews outgoing correspondence and all typed material for procedural and grammatical accuracy, correct punctuation, spelling, format, and conformance with general policy. Assists in the fact-finding stages of surveys/projects by gathering and compiling information/data.	
QUALIFICATIONS REQUIREMENT: This position requires one (1) year of specialized experience equivalent to the next lower grade level. Specialized experience is experience which has equipped the candidate with the particular knowledge, skills and abilities to successfully perform the duties of the position to be filled. A qualified typist is required. Applicants for consideration must complete the attached Applicant Self-Certification form.	
SELECTIVE PLACEMENT FACTOR(S): None	

SUBMISSION OF RANKING FACTORS

The following ranking factors will be used in the evaluation process. All applicants MUST respond to the ranking factors. Please describe specific incidents from your experience that show evidence of the level at which you meet the ranking factors that have been determined to be of importance for the position for which you are applying. You may refer to any experience, education, training, awards, outside activities, etc., that indicate the degree to which you possess the job-related knowledge, skills, and abilities described in the ranking factors. The information given in response to the ranking factors should be complete and accurate to the best of your knowledge. FAILURE TO RESPOND TO ALL RANKING FACTORS MAY ELIMINATE YOU FROM CONSIDERATION.

RANKING FACTORS

1. Knowledge of crisis intervention and ability to implement supportive, empathetic listening skills in order to serve as Program Assistant for the Access HelpLine.
2. Knowledge of call center practices and equipment, databases and data entry in order to provide services and utilize systems including AC/IVR and other MAA systems, Iris Software and the eCura system.
3. Knowledge of MS Office, specifically, Excel, Microsoft Word, and Outlook in order to serve as Program Support Assistant.
4. Ability to communicate orally and in writing in order to prepare reports, respond to requests and provide advice.

SUBSTITUTION OF EDUCATION FOR EXPERIENCE WILL BE ALLOWED AS DEFINED BY OPM'S X-118 QUALIFICATIONS STANDARDS. HOWEVER, IN ORDER TO RECEIVE CREDIT YOU MUST SUBMIT OFFICIAL PROOF OF EDUCATIONAL ATTAINMENT WITH YOUR APPLICATION. TIME-IN-GRADE REQUIREMENTS ARE APPLICABLE. APPLICANTS CLAIMING VETERANS PREFERENCE MUST SUBMIT OFFICIAL PROOF WITH THE APPLICATION.

APPLICATIONS SUBMITTED FOR CONSIDERATION WILL NOT BE RETURNED TO THE APPLICANT, EXCEPT THAT APPLICATIONS RECEIVED OUTSIDE THE AREA OF CONSIDERATION OR AFTER THE CLOSING DATE WILL BE RETURNED WITHOUT ACTION.

HOW TO APPLY: ALL APPLICANTS, INCLUDING DEPARTMENTAL EMPLOYEES AND OTHER D.C. GOVERNMENT EMPLOYEES, MUST SUBMIT THE DISTRICT OF COLUMBIA GOVERNMENT EMPLOYMENT APPLICATION, DC 2000. SELECTION (S) FROM THIS VACANCY ANNOUNCEMENT PENDING CLEARANCE THROUGH PRIORITY PLACEMENT PROGRAMS. "A NON-COMPETITIVE SELECTION OF A CANDIDATE ON THE AGENCY'S REEMPLOYMENT PRIORITY LIST OR THE DISPLACED EMPLOYEE'S PRIORITY LIST WILL RESULT IN CANCELLATION OF THIS VACANCY ANNOUNCEMENT."

WHERE TO APPLY: DEPARTMENT OF MENTAL HEALTH
DIVISION OF HUMAN RESOURCES
64 NEW YORK AVENUE, NE, 5th Floor
WASHINGTON, D.C. 20002
ATTN: Cynthia Hawkins (202) 673-3517
FACSIMILE: (202) 673-4386

IN ACCORDANCE WITH THE D. C. HUMAN RIGHTS ACT OF 1977, AS AMENDED, D. C. CODE SECTION 1-2501 et seq. ("THE ACT") THE DISTRICT OF COLUMBIA DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS. Sexual harassment is a form of sex discrimination which is also prohibited by the Act. DISCRIMINATION IN VIOLATION OF THE ACT WILL NOT BE TOLERATED. VIOLATORS WILL BE SUBJECT TO DISCIPLINARY ACTION.

OFFICIAL JOB OFFERS ARE MADE ONLY BY THE DEPARTMENT OF MENTAL HEALTH, DIVISION OF HUMAN RESOURCES.

DRUG-FREE WORKPLACE ACT OF 1988. "Pursuant to the requirements of the Drug-Free Workplace Act of 1988, the individual selected to fill this position will, as a condition of employment, be required to notify his or her immediate supervisor, in writing, no later than five days after conviction of or plea of guilty to a violation of any criminal drug statute occurring in the workplace."

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH**



APPLICANT'S SELF CERTIFICATION

Complete and submit this form with your application.

Name (Please Print)	SSN:
----------------------------	-------------

The following statement of proficiency in typing will be accepted in lieu of a Certificate of Proficiency in Typing (DOES-1260) issued by the Department of Employment Services as an alternative way of meeting the skills and abilities requirement of the position.

I certify that I can currently type _____ words per minute with no more than _____ errors, (40 wpm with no more than 3 errors required). My typing speed and error rates are based on typing performance for a period of 5 minutes. I gained my typing skills through:

- ☐ School ☐ Work ☐ Other – describe how you gained your skills

I understand that claims of proficiency may be verified at the time of consideration for employment. I further understand that I may be subject to random testing of typing skills at any time during the first year of an appointment resulting from self-certification and that my inability to perform as certified above may constitute a basis for termination.

I certify that all of the information provided in this Statement is true, complete, and correct to the best of my knowledge and belief, and is provided in good faith.

Signature:	Date:
-------------------	--------------